



# LOS ANGELES COUNTY COMMISSION ON HIV

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## PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES June 16, 2015

Approved  
7/21/2015

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, <i>Co-Chair</i>	Marc McMillin/Patricio Soza	Aaron Fox, MPM	Carolyn Echols-Watson, MPA
Brad Land, <i>Co-Chair</i>	Raphael Péna	Miki Jackson	Jane Nachazel
Michelle Enfield	LaShonda Spencer, MD	AJ King, MPH	Yeghishe Nazinyan, MS, MD
Abad Lopez		Anthony Mills, MD	
Miguel Martinez, MPH, MSW		Juan Preciado	
Carlos Vega-Matos, MPA		Craig Pulsipher	<b>DHSP STAFF</b>
		Juan Rivera	Michael Green, MHSA, PhD
		Scott Singer	Pamela Ogata
		Lambert Talley	Dave Young

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- 1) **Agenda:** Planning, Priorities & Allocations (PP&A) Committee Meeting Agenda, 6/16/2015
- 2) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 5/19/2015
- 3) **Meeting Notes:** Minority AIDS Initiative (MAI), June 4, 2015, Meeting Notes, 6/4/2015
- 4) **Table:** Commission on HIV (COH) and the Division of HIV and STD Programs (DHSP), Programs and Services, Continuum of Service Definitions by Funders Cross-referenced with COH Service Categories, (with COH 2014 rankings), 6/16/2015
- 5) **Table:** Commission on HIV (COH) and the Division of HIV and STD Programs (DHSP), Programs and Services, Continuum of Service Definitions by Funders Cross-referenced with COH Service Categories, (with COH 2014 rankings), 6/16/2015
- 6) **Graphic:** FY 2016 P-and-A Framework and Process, May, Review Paradigms/Review Operating Values, May 2015
- 7) **Table:** County of Los Angeles, Division of HIV and STD Programs, Programs and Services, Continuum of Service Definitions by Funders Cross-referenced with COH Service Categories, 3/18/2015
- 8) **Table:** Proposed Revisions to Year 25 Allocations/Recommended Year 26 Allocations, Draft, 6/16/2015

1. **CALL TO ORDER:** Mr. Land called the meeting to order at 1:16 pm.

2. **APPROVAL OF AGENDA:**

**MOTION #1:** Approve the Agenda Order with Items 8. Proposed Allocations for PY 25 and 26, and 9. Prioritize and Rank Service Categories, reversed (***Passed by Consensus***).

3. **APPROVAL OF MEETING MINUTES:**

**MOTION #2:** Approve the 5/19/2015 Planning, Priorities and Allocations (PP&A) Committee meeting minutes, as presented (***Passed by Consensus***).

4. **PUBLIC COMMENT (*Non-Agendized or Follow-Up*):**

- Mr. Singer, AIDS Project Los Angeles (APLA), noted APLA is a provider for the Home-based Case Management (CM) service which is an intensive in-home RN and social worker program similar to Medical Care Coordination (MCC) with home care. It serves those unable to manage their homes and maintain their lives without assistance. He was concerned that the service was not discussed often which may foster the illusion of less need than actually exists.

- Two years ago, one service provider transferred its contract to another provider who did little with it. Over 200 patients were initially transferred. The new provider claims to have added six or seven in two years with a current total of 13. By contrast, Mr. Singer reported the APLA program which he runs assessed 98 patients, enrolled 70 and disenrolled 64 over the same period. APLA continually brings new patients into the program as others leave. The program is fully subscribed.
- He expressed concern that capacity will be lost because the transferred contract has been allowed to wither. DHSP has discussed asking PP&A to consider whether the program's funds should be redistributed to other services. APLA, however, was seeing increasing need due to an aging population, long-term treatment side effects and co-morbidities.
- Mr. Talley, Grace Center for Health and Healing, reported receiving increased calls from PLWH women and women with children. He felt the population needed increased attention especially women who are African-American and Latina.

**5. COMMITTEE COMMENT (Non-Agendized or Follow-Up):** Mr. Fox reported the Governor and Legislature reached agreement on a budget that morning. The Governor will announce it at 1:30 pm. It will likely be posted online shortly after the announcement.

**6. COMMITTEE CO-CHAIR ELECTIONS:**

- Mr. Ballesteros and Mr. Land were previously nominated for Co-Chair. There were no new nominations.

**MOTION #3: (Vega-Matos/Lopez):** Elect Mr. Ballesteros and Mr. Land to one-year terms as PP&A Co-Chairs (**Passed by Consensus**).

**7. CO-CHAIRS' REPORT:**

**A. Work Plan Update:** This item was postponed.

**B. Minority AIDS Initiative (MAI) Work Group Report:**

- Mr. Ballesteros reported the Work Group met twice and developed a plan which focuses on those out of care, populations who have not achieved viral suppression and those generally considered unmet need.
- Guiding principles focus services and initiatives to improve HIV Treatment Cascade outcomes for young MSM and transgender women; and build net service capacity especially to help identify PLWH who are not linked, engaged or retained in care and those with social determinants with an adverse impact on linkage, engagement and retention.
- Allocations recommendations were:
  - ▶ 40%: Residential/Housing Services to be allocated by DHSP between Residential Care Facilities for the Chronically Ill (RCFCIs) which can be expanded quickly in YR 1 to meet wait list needs; and Transitional Residential Care Facilities (TRCFs) especially for MSM <30 and the transgender population in YRs 2 and 3 which will require an RFP.
  - ▶ 30%: Outreach and Linkage and Re-engagement using surveillance data and public health tools to identify targeted populations. New staff will be added to the new program as it ramps up.
  - ▶ 25%: Non-Medical Case Management (CM) targeting Benefits Counseling and Transitional CM.
  - ▶ 5%: Language Services.
- Mr. Vega-Matos noted discussion addressed MAI as a three-year plan focusing mainly on linkage and retention in care and services to address social determinants such as housing that provides a level of needed care whether psychological or assistance with activities of daily living. The plan anticipates roll-over funds in YR 1 with adjustments in YRs 2 and 3.
- DHSP will report on both service utilization and outcome data which it is developing for all services including data for subpopulations. Mr. Vega-Matos added DHSP reports to HRSA separately on MAI investments. Reports will highlight MAI investments generating new capacity to target particular populations not linked to care.
- Specific foci will be: Residential Services, <30 MSM and transgender populations with increased TRCF capacity in YRs 2 and 3; increased location and linkage of out of care PLWH due to increased Outreach, Linkage and Re-engagement; and expanded Transitional CM, in particular broadened access to Benefits Counseling.
- Ms. Jackson asked about anecdotal information that DHSP was reducing funds for community provider outreach and linkage to care services. Mr. Vega-Matos noted two separate issues. Linkage CM is a service category with six or seven legacy providers who offered Non-Medical CM prior to MCC development. These remained after clinic-based providers transitioned to MCC. The Commission initially requested sunset of Non-Medical CM after a one year transition to MCC.
- Discussion after the transition year resulted instead in a two-year pilot revising remaining Non-Medical CM into Linkage CM using the ARTAS model. The pilot ends in 2016 and contracts will be evaluated for effectiveness at that time.
- DHSP presented at the 2/13/2015 PP&A meeting on the new Linkage and Re-Engagement Program (LRP) which uses surveillance data only accessible by the Department of Public Health (DPH) by law as a key location component. DHSP is working with community partners to coordinate elements they can offer with those restricted to DPH. Aside from LRP,

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there are a variety of other outreach services offered by community providers including those directly funded by the CDC and other funders. Mr. Martinez added the Work Group chose to focus on surveillance-based services.

- ➡ The MAI Plan will be reformatted into a memorandum for presentation to the Executive Committee and then the Commission for review and approval.

**Motion 4: (Land/Enfield):** Move to accept MAI Plan (**Passed: Ayes**, Ballesteros, Enfield, Land, Lopez, Martinez, Vega-Matos; **Opposed**, None; **Abstention**, None).

### 8. PRIORITIZE AND RANK SERVICE CATEGORIES:

- Mr. Land noted PP&A chose to use HRSA service categories for Parts A and B Priority- and Allocation=Setting (P-and-A) versus Commission service categories as it has in the past. PP&A can use directives to target allocations to specific Commission categories within HRSA categories, as desired. The Service Definitions table cross-references the categories.
- Priority ranking is based on service utilization and unmet need. Data from the new Los Angeles Countywide Coordinated HIV Needs Assessment (LACHNA) was unavailable for this cycle. Selected paradigms were: utilitarianism, compassion and equity. Operating values were: access, efficiency and quality. Allocations also consider the impact of other payer sources.
- Mr. Vega-Matos noted the summary table of HRSA (left) and Commission (right) service categories. The final five (31-35) HRSA items are not HRSA categories, but reference guidance. The Commission does not fund the first four: Acupuncture Therapy, Benefits and Entitlement Counseling which is included under Non-Medical CM, Pastoral Counseling, Recreational and Social Activities. HRSA allows funding the fifth, Vision Services, under Medical Outpatient. The Commission now funds Ophthalmology under Medical Specialty/CHAIN and could add Optometry, but cannot fund glasses or contact lenses.
- Mr. Martinez asked about HRSA's Early Intervention Services (EIS). Mr. Vega-Matos replied EIS is something of a catch-all which can include, e.g., medical visits, testing, referrals and mental health. The Commission previously funded two EIS programs, but decided to discontinue them due to the category's poor focus and other programs funded by the 12 Part Cs.
- Mr. Vega-Matos noted HRSA's Treatment Adherence Counseling category reflects services provided outside a medical clinic. Related services are embedded in Ambulatory Outpatient Medical and MCC. Ms. Jackson felt, due to ACA, more patients may need referrals to independent adherence services because their medical clinics do not offer it. DHSP could facilitate such referrals by providing non-RW system medical homes with a list of support services and providers that offer them.
- ➡ In summary table, move Ophthalmology and Optometry opposite HRSA category 1. Outpatient/Ambulatory Medical Care.

Services for HIV+ Individuals as Defined by Health Resources and Services Administration (HRSA)		COH 2015-16 Ranking	Commission on HIV (COH) Service Categories
1.	Outpatient/Ambulatory Medical Care	1	Ambulatory Outpatient Medical Services
			Medical Subspecialty Services
			Therapeutic Monitoring Program (2)
2.	Local AIDS Pharmaceutical Assistance	3	Local AIDS Pharmaceutical Assistance (3)
3.	Oral Health Care	2	Oral Health Services
4.	Early Intervention Services	27	None
5.	Health Insurance Premium and Cost-Sharing Assistance	8	Health Insurance Premium and Cost-Sharing
6.	Home Health Care	16	Home Health Care
7.	Home and Community-Based Health Services	15	Home Based Case Management
8.	Hospice Services	24	Hospice Care
9.	Mental Health Services	5	MH, Psychiatry
			MH, Psychotherapy

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	Services for HIV+ Individuals as Defined by Health Resources and Services Administration (HRSA)	COH 2015-16 Ranking	Commission on HIV (COH) Service Categories
10.	Medical Nutrition Therapy	18	Medical Nutrition Therapy
11.	Medical Case Management Services(including treatment adherence)	4	Medical Care Coordination
12.	Substance Abuse Treatment Services – Outpatient	10	Substance Abuse Treatment – Day Treatment
13.	Case Management Services (Non-Medical)	6	Linkage Case Management (4) Benefits Specialty Benefits Navigation Transitional Case Management Housing Case Management
14.	Child Care Services	22	Child Care
15.	Pediatric Developmental Assessment and Early Intervention Services	29	<i>See Limitations</i>
16.	Emergency Financial Assistance	20	Direct Emergency Financial Assistance (DEFA) Hotel/Motel/Meal Vouchers
17.	Food Bank/Home-Delivered Meals	12	Nutrition Support
18.	Health Education/Risk Reduction	23	Health Education/Risk Reduction
19.	Housing Services	9	Residential Care Facilities for the Chronically Ill (RCFCI) Transitional Residential Care Facilities (TRCF) Emergency Shelters Transitional Housing Permanent Support Housing
20.	Legal Services	19	Legal Services
21.	Linguistics Services	11	Language/Interpretation Services
22.	Medical Transportation Services	17	Medical Transportation
23.	Outreach Services	7	Outreach Services
24.	Permanency Planning	28	<i>Not a COH Service</i>
25.	Psychosocial Support Services	14	Psychosocial Support Services
26.	Referral for Health Care/Support Services	21	Referrals (5)

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	Services for HIV+ Individuals as Defined by Health Resources and Services Administration (HRSA)	COH 2015-16 Ranking	Commission on HIV (COH) Service Categories
27.	Rehabilitation Services	25	Rehabilitation Services
28.	Respite Care	26	Respite Care
29.	Substance Abuse Treatment Services-Residential	10	Substance Abuse Treatment Residential Detoxification
30.	Treatment Adherence Counseling	13	Treatment Education
31.	Acupuncture Therapy (refer to service #12 for funding source)		<i>Not a COH Service</i>
32.	Benefits and Entitlement Counseling (refer to service #26 for funding source)		<i>Not a COH Service</i>
33.	Pastoral Counseling (refer to service #25 for funding source)		<i>Not a COH Service</i>
34.	Recreational and Social Activities (refer to services #14 and #28 for funding source)		<i>Not a COH Service</i>
35.	Vision Services (refer to service #27 for funding source)		Ophthalmology (6) Optometry
			Local Pharmacy Program/Drug Reimbursement
			Peer Navigation (7)
			Peer Support (8)
			Partner Services
			Workforce Entry/Re-entry
			Skilled Nursing

## Notes:

- (2) – **Therapeutic Monitoring Program** was not listed on the COH 2014 service category rankings.
- (3) – This ranking also includes **AIDS Drug Assistance and Access and ADAP Enrollment** services.
- (4) – The title “**Linkage Case Management**” was not listed on the COH 2014 service category rankings.
- (5) – **Referrals** was not listed on the COH 2014 service category rankings.
- (6) – **Ophthalmology** was not listed on the COH 2014 service category rankings.
- (7) – **Peer Navigation** was ranked as a “7” and “9” priority on the COH 2014 service category rankings.
- (8) – **Peer Support** was not previously listed on this cross reference summary listing, but is on the COH 2014 service category rankings.
- (9) – **HIV Testing Services** may be included in **Counseling and Testing in Care Settings** which is ranked #7 on the COH 2014 service category rankings.

**Motion 5: (Vega-Matos/Land):** Move to approve slate of rankings for FY 2015 and FY 2016, as developed (**Passed: Ayes**, Ballesteros, Enfield, Land, Lopez, Martinez, Vega-Matos; **Opposed**, None; **Abstention**, None).

## 9. PROPOSED ALLOCATIONS FOR YR 25 AND 26:

- Mr. Young presented DHSP recommendations for YR 25 allocations and carried them forward as YR 26 baseline allocations. The percentages will not total exactly 100% as they were not carried out to the first decimal, but that will be corrected in

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the final. The spreadsheet also includes the proposed MAI allocations approved earlier in the meeting. Allocations are made by percentage rather than specific dollar amount because awards may not match estimates.

- Recommendations were based on utilization patterns, expenditures and projected expenditures from contracts.
- Mr. Singer asked why the allocation for Home and Community-Based Health Services was listed as 0% since the service was funded. Mr. Young replied DHSP works to maximize all funding sources. Consequently, many services are funded entirely or, in this case, partially by Net County Cost (NCC) rather than Parts A, B or MAI funding reflected on the table.
- Mr. Ballesteros suggested supporting YR 25 recommendations. Allocations can be adjusted as expenditures are tracked.
- Regarding YR 26, Mr. Ballesteros noted DHSP recommendations were needed to accompany the application due to HRSA in September 2015. Allocations were meant as a baseline with adjustments expected based on funding and expenditures.
- Mr. Martinez asked if Outpatient Medical funding should be decreased in light of migration to ACA payer sources. Dr. Green said YR 25 data was not yet sufficient even to estimate YR 25 accurately so the YR 24 allocation of 36% was carried forward to YR 25 and YR 26 with the understanding that both would be revisited after award receipt and more expenditure data.
- Ms. Jackson said increased outreach may increase medical care need. Those migrating may also still need Medical Specialty.
- Mr. Singer expressed continued concern that funding Home-Based CM only with NCC risked service continuity. Mr. Vega-Matos noted DHSP continues to report to PP&A on all funding streams including NCC. While the Commission's defined role is to allocate RW Parts A, B and MAI, DHSP is committed to ensuring all funding streams were coordinated.
- Funding does need to be consistent with RW patients served. Many Home-Based CM patients are not funded by RW. DHSP plans to shift funds for RW patients remaining from the provider whose contract was ending to other RW providers as they absorb those patients. Mr. Singer felt utilization data from the provider whose contract was ending did not accurately reflect need but, rather, the provider's neglect of the contract. Mr. Vega-Matos replied DHSP assesses historical utilization data and LACHNA, but expansion of other payer sources also impacts RW need.
- ➡ DHSP will provide YR 24 allocations for comparison to YRs 25 and 26.
- ➡ Directive to DHSP: Report to PP&A in October 2015 on Home-Based CM service capacity, need, demand, investment and expenditures.

**Motion 6: (Ballesteros/Land):** Adopt YR 25 proposed revisions to RW Parts A, B and MAI (**Passed: Ayes**, Ballesteros, Land, Lopez, Martinez, Vega-Matos; **Opposed**, None; **Abstention**, None).

**Motion 7: (Ballesteros/Land):** Accept recommended YR 26 allocations for RW Parts A, B and MAI (**Passed: Ayes**, Ballesteros, Land, Lopez, Martinez, Vega-Matos; **Opposed**, None; **Abstention**, None).

### 10. NEXT STEPS:

#### A. Task/Assignment Recap:

- ➡ Report to Executive Committee on Motions 4, 5, 6 and 7; and prepare final materials for presentation at the 7/9/2015 Commission meeting for approval.

#### B. Upcoming Meeting Agenda: There was no additional discussion.

**11. ANNOUNCEMENTS:** There were no announcements.

**12. ADJOURNMENT:** The meeting adjourned at 4:05 pm.